DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention

Guidance for Applicants (GFA) No. SP 01- 002
Part I - Programmatic Guidance

State Incentive Cooperative Agreements for Community-Based Action

Short Title: State Incentive Program

Application Due Date: April 18, 2001

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Authority: Section 516 of the Public Health Service Act, as amended and subject to the availability of funds

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Action and Purpose

The Center for Substance Abuse Prevention, SAMHSA, announces the availability of Fiscal Year 2001 funds for cooperative agreements for implementing State Incentive Grant (SIG) Programs.

Approximately $28 million will be available for 8-12 awards. The average award will be approximately $3 million per year in total costs (direct and indirect), with awards ranging from $2 million to $5 million. Actual funding levels will depend on the availability of funds, state population, problems identified by the Household Survey and other factors. *

Awards must be requested for up to 3 years. Annual continuation awards during this 3-year cycle will depend on the availability of funds and progress achieved by grantees.

***Note: Applicants requesting funding in excess of the average amounts must submit adequate justification, based on such factors as State population and specific substance abuse problems identified by the Household Survey and other relevant surveys.**

Who Can Apply?

Offices of the governor for states and territories that currently receive the Substance Abuse Prevention and Treatment Block Grant may apply.

Eligible applicants are limited to:

- Governor of a State or Territory
- President of a territory that has a president
- Chairman of the Tribal Council of the Red Lake Band of Chippewa

If you have received a State Incentive Grant in FY 1997, 1998, 1999, or 2000, you may **NOT** apply.

Application Kit

Application kits have several parts. The grant announcement (GFA) has 2 parts. Part I is different for each GFA. **This document is Part I.** Part II has general policies and procedures that apply to **all** SAMHSA grant and cooperative agreements. You will need to use both Parts I and II for your application.

The kit also includes the blank forms (SF-424 and PHS-5161) you will need to submit your application.

Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800 729-6686; TDD: 1-800 487-4889; or Download from the SAMHSA site at www.SAMHSA.gov. Go to the “grants” link.

Where to Send the

Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health, Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

Please note:

1. Use application form PHS 5161-1.
2. Be sure to type: "SP 01-002 State Incentive Grant" in Item Number 10 on the face page of the application form.
3. Please use the exact address listed above.

Application Date

Your application must be received by April 18, 2001.

Applications received after this date will only be accepted if they have a proof-of-mailing date from the carrier no later than 1 week before the deadline date.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Contacts for Further Information

For questions on *program issues*, contact:
Dave Robbins or Patricia Getty
Division of State and Community Systems Development
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 930
5600 Fishers Lane
Rockville, MD 20857
(301) 443-0369
E-Mail: *drobbins@samhsa.gov*
pgetty@samhsa.gov

For questions on *grants management issues*, contact:
Edna Fraser
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6816
E-Mail: *efrazier@samhsa.gov*

Cooperative Agreements

These awards are being made as cooperative agreements because they require substantial Federal staff involvement, including:

- technical assistance to awardees.
- coordination of National Cross-site Evaluation.
- coordination of the SIG with the SAPT Block Grant

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prevention set-aside.

participation on appropriate SIG-related advisory committees and other workgroups.

The roles of Federal staff, State awardee and the SIG Advisory Committee in the Cooperative Agreement are highlighted below.

Role of Federal Staff:

‘ Provide guidance and technical assistance to help awardees achieve SIG goals:

-- assess and redirect their State-wide prevention resources.
-- enhance their state-wide prevention strategies
-- collect evaluate, and report state-wide prevention project data

‘ Monitor and review progress of SIG projects including conducting site visits.

‘ Provide model program data that will help awardees identify, select, and replicate science-based community prevention programs.

‘ Review and approve the State’s sub-recipient contracting mechanism

‘ Participate on policy, steering, advisory, or other workgroups.

‘ Facilitate support from the Centers for the Application of Prevention Technologies (CAPTs). See Appendix D.

Role of State Awardee:

‘ Collaborate with CSAP staff in project implementation and monitoring and all aspects of the terms and conditions of the SIG cooperative agreement

‘ Participate in cross-site evaluation.

‘ Provide SAMHSA with data required for GPRA and other data reporting requirements (Appendix C).

Role of the SIG Advisory Committee:

‘ Represent the Office of the Governor and diverse stakeholders of the State, including

C relevant state agencies
C local community prevention organizations
C prevention providers
C local anti-drug coalitions
C youth and family groups
C health care organizations

‘ The committee chair is appointed by the governor.

‘ Provide prevention coordination and support to the governor and strategic and operational advice to the SIG.

‘ Coordinate with other state committees.

‘ Meet within 90 days of award and continue to hold regularly scheduled meetings.

- Advisory committee milestones should include:
  - -- announcement of appointees by Governor
  - -- initial, high-profile kickoff meeting
  - -- establishment of workgroups and committees
  - -- development of plan of action with short- and long-term goals
  - -- development and support of comprehensive State prevention plan
  - -- establishing mechanisms for SIG subrecipient awards

Funding Criteria

Decisions to fund a grant under this announcement are based on:

1. The strengths and weaknesses of the application as identified by the
   - C Review Committee
   - C CSAP National Advisory Council
2. Availability of funds
3. Documentation of need as evidenced by the National Household Survey on Drug Abuse (NHSDA) and other relevant surveys and reports. (Refer to Appendix F for guidance.)

Post Award Requirements

1. Reports:
   - Semi-annual reports
   - Annual report
   - Final report summarizing accomplishments and outcomes. CSAP report formats will be provided following award.

2. Compliance with data reporting requirements including but not limited to GPRA reporting requirements. (See appendix C.)

Program Goals

This program calls upon governors to develop and implement a comprehensive State-wide substance abuse prevention strategy to optimize the use of all State and Federal substance abuse prevention funding streams and resources including:

- the 20 percent primary prevention set-aside from the SAPT Block Grant
- funds from this SIG program
- additional financial support from Federal agencies, States and communities

The SIG program has three goals:

(1) **Coordination of Funding.** To develop and implement a sound strategy to identify, coordinate, leverage, and/or redirect, as appropriate and legally permissible, all substance abuse prevention resources (funding streams and programs) within the State that are directed at communities, families, youth (ages 12-17), schools and workplaces.

(2) **Development of Comprehensive**

Prevention State System. To develop and implement a comprehensive, long-range prevention program system to ensure that all State prevention resources fill identified gaps in prevention services targeting youth ages 12-17 throughout the State with science-based prevention programs.

(3) To assist States in measuring progress in reducing substance use by establishing targets for measures included in the National Household Survey on Drug Abuse.

Program Objectives

The following objectives further describe the two program goals.

Goal 1: Coordination of Funding Objectives:

- Identify and assess all current Federal and State substance abuse prevention funding streams and resources within the State.
- Develop and implement a systematic approach for coordinating, leveraging, and redirecting (as appropriate and legally permissible) identified Federal and State funds and resources into a comprehensive statewide prevention strategy to:
  - fill gaps in needed prevention efforts, targeted at 12-17 year old youth and their families
  - eliminate duplication of services in the State, and
  - support programs derived from sound, scientific research findings. See Appendices B and E.

Goal 2: Development of Comprehensive State Prevention System Objectives:

- Identify the extent of the substance abuse problem affecting 12- to 17-year old youth and their families Statewide.
- Identify the extent of youth substance abuse problems in your State that were reported by the 1999 National Household Survey on Drug Abuse (NHSDA).
- Identify and select one or more variables from the NHSDA listed in Appendix F to develop your state baseline(s) and targeted outcome(s) for 12-17 year old youth substance use. Develop a plan for tracking and documenting your State's progress in meeting the target(s).
- Develop a systematic approach for selecting and issuing subrecipient awards to appropriate and culturally competent community-based entities to fill gaps in needed prevention services. (Refer to Appendix E for criteria for selecting subrecipients.)
- Within 9 months after the SIG award, select subrecipient community-based entities whose prevention approaches are comprehensive, culturally competent, and consistent with state-of-the-art prevention programming. (See Appendix E.)

, Within 12 months of SIG award, issue subrecipient awards to community-based organizations.

, Within 3 months after awards have been made to subrecipients, work with them to identify and develop local prevention approaches and programs that are based on state-of-the-art efforts and sound scientific research findings, including guidance provided in Appendix B.

, As part of the State's ongoing technical assistance function, and with the support of the CAPTs, increase the knowledge, skills, and direct involvement of youth, parents and other caregivers, families, schools, workplaces, health care organizations, and the community at large in all SIG subrecipient programs.

Use of Funds

States are required to use at least 85 percent of their SIG funds to make awards to subrecipients (local community entities) that will implement science-based prevention programs and services including community-based prevention programs targeting 12-17 year old youth and their families. (See Appendix E for criteria for selecting subrecipients.)

States may use up to 15 percent of SIG funds to support State administration and other costs incurred by the cooperative agreement (to include overall direction and coordination of the required State-wide evaluation of the SIG program).

Your budget must identify the percent of funds to be used for both administrative costs and subrecipient awards.

Use of SAPT Prevention Set Aside

States are encouraged to use the 20-percent prevention set aside in the SAPT Block Grant to 1) work with community coalitions to develop community-wide strategic plans and needs assessments; and 2) to fill program and service gaps identified by these community plans.

Sustainability

States should also develop a plan for sustainability of SIG Statewide prevention system enhancements as well as its subrecipient programs following the end of federal funding (see Section C: Implementation Plan for a State-wide Prevention System)

Detailed Information on What to Include in Your Application

In order for your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

‘ ***1. FACE PAGE***

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete. **Be sure the governor signs the application.**

‘ ***2. ABSTRACT***

Your total abstract may not be longer 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded.

‘ ***3. TABLE OF CONTENTS***

Include page numbers for each of the major sections of your application and for each appendix.

‘ ***4. BUDGET FORM***

Standard Form 424A. See Appendix B in Part II for instructions.

‘ ***5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION***

These sections describe your project. The Project Narrative is made up of Sections A through E. More detailed information of A-E follows #10 of this checklist. Sections A-E may not be longer than 25 pages.

G **Section A -** Description of all Current Prevention Funding Streams and Resources in your State

G **Section B -** Data Indicating Needs of the Target Population (12-17 year old youth) and Their Families

G **Section C -** Implementation Plan for a State-wide Prevention System

G **Section D -** Project Management and Staffing Plan

G **Section E -** State-wide Evaluation Plan

The support documentation for your application is made up of sections F through I. There are no page limits for the following sections, except for Section H, the Biographical Sketches/Job Descriptions.

G **Section F-** Literature Citations
This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

Section G - Budget Justification, Existing Resources, Other Support

Fill out sections B, C, and E of the Standard Form 424A. Follow instructions in Appendix B, Part II.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered. Remember to indicate the percentage of funds requested for both administrative costs and subrecipient award costs.

Section H- Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment with the sketch.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- ***Sample sketches and job descriptions are listed in Item 6 in***

the Project Narrative section of the PHS 5161-1.

- **Section I**- Confidentiality and SAMHSA Participant Protection (SPP)

The seven areas you need to address in the *Confidentiality and SAMHSA Participant Protection* section are described immediately following the *Project Narrative Sections A - E Highlighted* section of this document.

- ***6. APPENDICES 1 - 4***

Use only the appendices listed below.
Don't use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider these).
Don't use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:
Letters of Coordination and Support including any MOU (Memorandum of Understanding) of an ongoing public health agreement.

Appendix 2:
Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.

Appendix 3:
Data Collection Instruments

Appendix 4:
Sample Consent Forms

- ***7. ASSURANCES***

Non- Construction Programs. Use Standard form 424B found in PHS 5161-1.

- ***8. CERTIFICATIONS***

Refer to Part II for instructions.

- ***9. DISCLOSURE OF LOBBYING ACTIVITIES***

SAMHSA's policy does not allow lobbying. Please see Part II for lobbying prohibitions.

- ***10. CHECKLIST***

See Appendix C in Part II for instructions.

Project Narrative– Sections A Through E Highlighted

Your application consists of responding to sections A through I. **Sections A through E, the project narrative parts of your application, describe what you intend to do with your project.** Below you will find detailed information on how to respond to sections A through E.

- Sections A though E may not be longer than 25 pages.
- A review committee will assign a point value to your application based on how well you address these sections.
- The number of points after each main heading shows the maximum points the review committee may assign to that category.
- Reviewers will also be looking for plans to address cultural competence. Points will be given to applications that adequately address the cultural aspects of the review criterion.

Section A: Description of all Current Prevention Funding Streams and Resources in your State
(10 Points)

- Depict these funds and resources in a graph/chart format, showing how they are being used.
- Explain the current use of the 20-percent primary prevention set-aside of the SAPT Block Grants.

Section B: Needs of the Target Population
(10 Points)

This section of your application should:

- describe substance abuse prevention needs in the target population: 12-17 year old youth and their families.
- reference data and/or information from Federally-supported needs assessments and surveys, including the National Household Survey.
- include data from State, local, and other needs assessments and reports.
- identify and describe existing effective, and culturally competent prevention services and programs throughout the State.
- identify and describe gaps in types of needed prevention services for the targeted population.

Section C: Implementation Plan for a State-wide Prevention System
(40 Points)

Provide a detailed implementation plan that explains how the Governor proposes to use SIG funds to effectively coordinate, leverage, and/or redirect State and Federal funding streams and resources in order to fill gaps with effective and promising prevention approaches.

This Implementation Plan must include (1) a detailed **Coordination of Funding Plan** and (2) a **State Prevention System Plan**.

(1) Coordination of Funding Plan
Provide a plan that shows how the state proposes to coordinate, leverage, and redirect prevention funding streams and resources to fill the identified gaps in prevention services in the target populations. This plan and its proposed approach should:

- provide an **overview** of how the governor proposes to coordinate SIG funds for the State's project.
- discuss how prevention funds would be analyzed for redirecting and leveraging the funding streams and resources.
- show proposed relationships and connections of sources of funds and resources in a graphic/chart.

< describe how the state would allocate SIG funds to subrecipient organizations to fill gaps in needed prevention services, and whether other funding streams might be integrated into subrecipient programs and services. Be sure to address age, gender, race/ethnicity, and cultural factors in the processes used to allocate funds to subrecipients.

(2) State Prevention System Plan

Provide a plan that describes how the State proposes to implement a revitalized or enhanced state prevention system. Describe all proposed project activities including, but not limited to, those in year 1. Describe how the State proposes to develop:

C methods for identifying and filling gaps in needed prevention services for the target population.

C a process for identifying effective subrecipient organizations that would be eligible to receive SIG funds

C a description of State's plan to work with potential community sub-recipients to identify and select their science-based prevention programs. (See Appendix B and E).

C a plan to identify technical assistance and training resources to support the goals and objectives of the SIG program (See Appendix D).

C a plan to sustain the prevention systems changes and science-based prevention services implemented through the SIG program.

Section D: Project Management and Staffing Plan
(20 Points)

Provide a project management and staffing plan describing the following:

T the process by which the State will form the Cooperative Agreement Advisory Committee. Include its structure, membership, and coordinating functions.

T the qualifications and experience of the proposed state-level grantee project director and other key state personnel.

T relevant State resources and participating State agencies available to support the overall program.

T the structure and processes to be used to ensure significant involvement and oversight of State's project by the Governor's Office.

T how age, culture/ ethnicity, language, gender, and disability issues within the State's diverse population will be considered.

T a timeline showing all startup, implementation, and evaluation tasks.

Section E: State-wide Data Collection and Evaluation Plan
(20 Points)

The evaluation plan should describe the applicant's proposed approach for carrying out the following key tasks related to research

design, sampling, data collection and analysis for:

1) documenting the State-level activities, accomplishments and outcomes associated with the State Incentive Program and

2) documenting the activities, accomplishments and outcomes of selected subrecipient community projects.

The evaluation plan should explain how the State intends to:

- incorporate key elements of the SIG logic model and evaluation framework into the State's evaluation plan. (See Appendix A.)
- document project activities, accomplishments and outcomes at the state, substate and program levels.
- identify and select one or more variables from the NHSDA listed in Appendix F to develop your state baseline(s) and targeted outcome(s) for 12-17 year old youth substance use. Develop a plan for tracking and documenting your State's progress in meeting the target(s).
- list data to be collected.
- measure changes in these activities and accomplishments over the life of the SIG project.
- document what was actually done, what was learned, what barriers inhibited implementation, how such barriers were resolved, and what should be done differently in future projects.
- identify methods to collect, store, analyze, and interpret the proposed data, including descriptions of any instruments to be used.
- use both quantitative and qualitative approaches as needed.
- allocate appropriate time and resources for the proposed evaluation.
- provide a plan for obtaining consistent and uniform evaluation information <u>across programs and subrecipient sites</u> State-wide.
- provide an adequate process for disseminating evaluation findings back to the community-based organizations (subrecipients).
- address age, gender, racial/ethnic and cultural characteristics of the State's population in the evaluation plan.
- Incorporate SIG Cross site data as well as GPRA, ONDCP and Healthy People 2010 measures into your plan.
- provide the necessary agency GPRA data and other data (HP2010, ONDCP PME's) on the performance of the State's SIG project (See Appendix C.) This would include core data for cross site evaluations, which are determined post-award by CSAP and SIG awardees.

Please refer to Appendix C, *Data Reporting Requirements,* for specific requirements

concerning data sharing and access.

Please refer to Appendix A, *Guidelines for State-wide Data Collection and Evaluation Plan*, when writing your Evaluation Plan.

Note: Information collection and reporting required by this solicitation may be subject to approval by the Office of Management and Budget (OMB).

Confidentiality and SAMHSA Participant Protection (SPP)

You must address seven areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. However, no points will be assigned to this section.

This information will:

- reveal if the protection of participants is adequate or if more protection is needed.
- be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- report any possible risks for people in your project,
- state how you plan to protect them from those risks, and
- discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following seven issues must be discussed:

- Protect Clients and Staff from Potential Risks:

  - Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
  - Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
  - Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
  - Give plans to provide help if there are adverse effects to participants, if needed in the project.
  - Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
  - Offer reasons if you do not decide to use other beneficial treatments.

- Fair Selection of Participants:

  - Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
  - Explain the reasons for using special types of participants, such as pregnant

women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.
- Explain how you will recruit and select participants. Identify who will select participants.

Ú Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- If you plan to pay participants, state how participants will be awarded money or gifts.
- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Û Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the sites. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- Provide in Appendix No. 3, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  -How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Ý Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data

private.

- State:
  - If their participation is voluntary.
  - Their right to leave the project at any time without problems.
  - Risks from the project.
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

  Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

  Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

Risk/Benefit Discussion:

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Appendix A
Guidelines for Project Evaluation

Applicants should use the following guidelines in developing their SIG evaluation design, as appropriate:

a) State-wide Characteristics

- Demographics (e.g., population size, age, race/ethnicity, culture, gender, urban/rural distributions);
- Current data specific to marijuana, tobacco, alcohol and drug use and problem identification; and
- Expenditure patterns of State resources for substance abuse prevention.
- Description and organizational chart of current and proposed state-wide prevention funding streams.

b) Project Description and Characteristics

- Structure (e.g., involvement of public, private and grassroots organizations; youth representation; parent representation; existing and evolving service programs; changes in prevention services structure over time);
- Focus (e.g., prevention focus prior to and after CSAP funding);
- Operation (e.g., State-wide networking characteristics; allocation of resources);
- Capacity (e.g., human and organizational resources allocated for prevention).

c) Measure Activities to Enhance the Community Environment

- Outreach and promotional activities aimed at increasing interest and participation of the community in prevention (e.g., media events, health awareness fairs, cultural events, public service announcements);
- Strategic activities related to ongoing substance abuse prevention efforts, approaches and projects and related measurable outcomes (e.g., community education, drug testing, after-school programs for youth, alternatives to incarceration, violence prevention activities, family education and support programs);

- Policy and legislative activities at the State and community levels (e.g., tobacco-free environments, alcohol-free public events, curfew and truancy laws, driver's license revocation, open container laws, alcohol sales restrictions);

- Outreach and promotional activities intended to maintain and increase support for the project, as well as to raise awareness of substance abuse problems and issues (e.g., media campaigns, billboards, bumper stickers, newsletters);

- Development activities aimed at changing State and community conditions that affect long-term substance abuse problems (e.g., developing and supporting grassroots organizations, town hall meetings and forums, youth councils, housing development strategies, job training and entrepreneurial programs);

- Coordination/collaboration among prevention service programs; and

- Service delivery systems of the State (e.g., development of new services and spinoffs; reduced duplication of existing services; non-competition of existing services)

Evaluation Data Collection Procedures

In the comprehensive State-wide Evaluation Plan, the applicant should include a detailed description of the work to be done with subrecipients and programs in the proposed data collection approach, to encompass the following: a schedule for conducting the evaluation, strategies for data collection, processing, control, and storage, and a description of the types of analyses to be performed.

Evaluation data should be collected, analyzed, and synthesized into concise documents and reports; these and other materials should be made available to the Governor's Office, Single State Agencies, and SAMHSA/CSAP, as stated in the Terms and Conditions of the cooperative agreement award. **Note: Information collection and reporting required by this solicitation may be subject to approval by the Office of Management and Budget (OMB).**

CSAP's State Data Collection Activities: States are urged to consider using reporting mechanisms in SAMHSA/CSAP's State Needs Assessment process and Minimum Data Set Program found on www.preventiondss.org; and other data sources (e.g., National Household Survey on Drug Abuse, DAWN, Monitoring the Future, Pulse Check) as part of their design.

Needs Assessment Studies typically provide State and county level data on incidence and prevalence, levels of risk and protective factors for sub-populations and on current or needed prevention services. As such, needs assessment data should be used to provide useful information for the following sections of the application: 1)program background--current level of State-wide drug abuse trends and current resources; 2)Phase 2--results of assessing risk factors and services should be used to contribute to the criteria developed for selecting subrecipients with appropriate programs for addressing those risks; and 3) evaluation plan-indicators measured through needs assessments should be used at the program level using the same or modified instruments. Needs assessment data can also be used for comparison

purposes, to follow trends (e.g,. on Statewide demographics and levels of drug and alcohol problems), and to identify differences at local levels.

CSAP's Minimum Data Set 3.2 (MDS). MDS can collect and report data on the number and types of programs and activities by the six prevention strategies and on the number and demographic characteristics of program participants. As such, use of MDS 3.2 materials will provide information for the following sections of the SIG application: 1) program process measure background-a description of current prevention programs and those being served; 2) Phase 2 of the Implementation Plan - the use of MDS 3.2 identification of gaps in services and underserved populations in developing subrecipient selection criteria; and 3) evaluation plan-the use of MDS 3.2 information on programs and activities covering the six prevention strategies. Materials include data collection forms, software, manuals and reporting formats at the provider, local, State and federal levels.

MDS 3.2 is also developing data collection procedures, materials and schedules, which can provide information for the following sections of the application: 1) Phase 2 of the Implementation Plan - the use of intermediate and outcome data in developing subrecipient selection criteria; and 2) evaluation plan-the use of intermediate and outcome data resulting from MDS 3.2 participation to demonstrate effectiveness at the substate and program levels.
Applicants who require further details about MDS 3.2 should contact Dr. Kevin Mulvey, SAMHSA/CSAP, at 301-443-0369.

National Cross Site Evaluation

SIG awardees will work collaboratively with a CSAP sponsored national cross-site evaluation. The evaluation will emphasize the aggregate lessons learned across all SIGs. Data collection focuses on the SIGs' efforts to reduce substance abuse at the state, community, and program levels and on the outcomes at these three levels.

The SIGS will participate in the cross-site evaluation by doing the following:

1. Sharing outcome data with CSAP at all three levels. (To minimize duplication of data collection);
2. Using common conceptual frameworks to design process instruments;
3. Testing CSAP's Core Measures in assessing prevention outcomes at the program level;
4. Attending periodic meetings to review evaluation procedures and results;
5. Participating in a list serv with other SIG evaluators and a cross-site team;
6. Responding to ad hoc queries by the team to support inquiries from SAMHSA officials and congressional staff about the SIG program.

Note: A copy of the Evaluation Conceptual Framework can be accessed through CSAP's Decision Support System (DSS) website, at www.preventiondss.org; and through SAMHSA/CSAP's Model Programs website at www.samhsa.gov/csap/model programs .

Appendix B
Science-Based Practices and Model Programs

Following the award of subrecipient contracts or funding mechanisms, SIG States will work with CSAP project officers, the CAPTs and subrecipient communities to identify and select appropriate science-based prevention programs. The topics discussed in Appendix E, Guidance for Selecting SIG Subrecipients, are provided to guide States in carrying out this follow-on phase; they are not required to be addressed in the SIG application.

Applicants are to use CSAP's Guide to Science-Based Practices as a reference in identifying and selecting effective substance abuse prevention programs.

Note: A copy of this important document is contained in the kit that accompanies this grant announcement and may also be accessed through CSAP's Decision Support System (DSS) website at www.preventiondss.org; and through SAMHSA/CSAP's Model Programs website at www.samhsa.gov/modelprograms.

Appendix C
Data Reporting Requirements

SIG State awardees will agree to provide data responding to the Government Performance and Results Act of 1993 (GPRA), the White House Office of National Drug Control Policy (ONDCP), the National Cross Site Evaluation and Healthy People 2010 reporting requirements that are relevant to the SIG program. These and any other reporting requirements will be mutually agreed upon by the SIG Advisory Committee and CSAP.

CSAP's GPRA Strategy

The Government Performance and Results Act of 1993 (Public Law- 103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three- to five-year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents.

CSAP's GPRA Client Outcome Measures for Discretionary Programs (commonly referred to as the GPRA "Cross Cutting Tool") should be consulted and used as part of this important reporting process.

Note: This document is contained in the kit that accompanies this grant announcement, and may also be accessed through CSAP's Prevention Decision Support System, located on the website www.preventiondss.org.

White House Office of National Drug Control Policy
Performance Measures of Effectiveness (ONDCP PMEs)

The ONDCP PMEs for substance abuse prevention encompass performance goals related to the following constructs:

1) youth perception of risk
2) youth disapproval of use
3) reduce past 30 day use by youth
4) increase age of first use
5) reverse upward trend of marijuana use by youth
6) reduce prevalence of past month use of other illegal drugs and alcohol by youth

7) reduce tobacco use by youth

The final, approved ONDCP PMEs for FY 2001 will be made available shortly. **A copy of this document will be posted on SAMHSA's NCADI website (http// www.health.org) once it is released. We also expect it to become available through CSAP's Prevention Decision Support System, located on the website www.preventiondss.org.**

Healthy People 2010

The Healthy People 2010 Objectives that are leading health indicators include three topics under substance abuse prevention: alcohol and illicit drug use by adolescents, illicit drug use by adults and binge drinking by adults. The full text of the U.S. Dept. of Health and Human Services' Healthy People 2010 objectives on Substance Abuse Prevention can be found in Chapter 26 of the voluminous document, *Tracking Healthy People 2010*.

This document is available at http://www.cdc.gov.nhchs/hphome.htm.

Data Access, Sharing and Publication

45 C.F.R. 74.36(a) provides that the recipient may copyright any work that is subject to copyright and was developed under a grant. SAMHSA reserves a royalty-free, nonexclusive and irrevocable right to publish or otherwise use the work under a grant. In this regard, SAMHSA plans to use the data under the grant and to publish the results of the data. Study sites are required to share their data and associated data documentation as soon as the data are cleaned, coded, and ready for analyses by SAMHSA/CSAP, including the relevant Program Coordinating Centers (PCCs) and CSAP's Data Coordinating Center (DCC). These data will be used to perform cross-site (PCC) and cross-program (DCC) analyses.

The specific, common data to be submitted to the PCCs and DCC will be communicated shortly after award and, where applicable, be determined by consensus of the program's steering committee. The data will be submitted according to an agreed-upon schedule and will include, at a minimum, data to meet programmatic and CSAP GPRA requirements (including demographics and relevant intervention characteristics) and any other core measures deemed appropriate by the steering committee and/or necessary to address ONDCP's Performance Measures of Effectiveness and Healthy People 2010. If no steering committee exists, common data requirements will be determined as defined by the individual program. Data typically are submitted by grantees to the PCC who will then forward copies to the DCC. Where no PCC exists, data will be forwarded to the DCC by CSAP program staff.

Those entities (e.g., the PCC, the DCC) that will have responsibilities for and access to the data will strictly follow all regulations and protocols concerning protection of human subjects, confidentiality, and privacy. All steering committee agreements (e.g. publication policies, guidelines about sensitivity to cultural issues) will be honored.

Appendix D
Applicant Resources

Centers for the Application of Prevention Technologies (CAPTs)

The CAPTs are the major national resource supporting the dissemination and application of substance abuse prevention programs that are scientifically sound and effective at the state and community levels. The CAPTs are prominently placed programmatically within SAMHSA/CSAP's Knowledge Development and Application (KDA) and Targeted Capacity Enhancement (TCE) programs. The CAPT program is also an important part of the DHHS Secretarial Initiative called the Youth Substance Abuse Prevention Initiative, and ONDCP's National Drug Control Strategy's Goal 1.

The CAPTs' primary clients are States receiving funds through SAMHSA/CSAP's State Incentive Cooperative Agreements for Community-Based Action (SIGs) program. Secondary clients include non-SIG States, U.S. Territories, Indian Tribes and tribal organizations, local communities, substance abuse prevention organizations, and practitioners.

Since 1997, the CAPTs have provided essential services to their clients in all fifty States and to thousands of prevention organizations within all congressional districts across the country. Among the strategies that each CAPT uses are:

- Establishing of technical assistance networks using local experts from each region
- Convening of a regional advisory committees and learning communities
- Conducting training conferences and workshops to promote skill development in prevention methods related to evidence-based models of prevention; and
- providing direct services to their clients via technical assistance and technology transfer

More information about the CAPTs is available through the website www.captus.org. (Updated information about the role of the Border CAPT and Southeast CAPT is expected to be made early in January or February of 2001.)

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

SAMHSA's NCADI is a one-stop resource for information about substance abuse problems. NCADI's public library has more than 80,000 journals, newspapers, magazines, and reference books, plus equipment for reviewing audiotapes and videotapes. The Clearinghouse also provides access to 11 computer data bases, including the Educational Resources Information Center (ERIC) of the U.S. Department of Education, the ETOH data base of the National Institute on Alcohol Abuse and Alcoholism, and the bibliographic data base of the Centers for Disease Control and Prevention's Office on Smoking and Health. NCADI's own Prevention Materials Data Base lists more than 8,000 prevention products, such as curricula, videocassettes, posters, brochures, specialty items, and educational material.

You may call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800 729-6686; TDD: 1-800 487-4889; or click on the NCADI link through the SAMHSA web site at www.SAMHSA.gov.

CSAP's Prevention Decision Support System (DSS) for the Prevention of Substance Abuse

CSAP encourages all SIG applicants to make use of this valuable repository of information resources and web-based tools designed to assist States and communities in making the best decisions concerning substance abuse prevention programs. A CD Rom tutorial is available from SAMHSA/CSAP by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) at the following numbers:
1-800 729-6686; TDD: 1-800 487-4889; or click on the NCADI link through
the SAMHSA web site at www.SAMHSA.gov.

CSAP's DSS web site (www.preventiondss.org) promotes scientific methods and programs for substance abuse prevention. The DSS is designed to actively guide practitioners and State systems toward making well-informed decisions concerning a broad range of prevention programming options. Its seven-step approach to on-line technical assistance, training and other resources identify "best and promising" approaches to needs assessment, capacity building, intervention program selection, evaluation, and reporting. The DSS also provides states with software for collecting and managing information about Substance Abuse Block Grant programs. CSAP's Centers for the Application of Prevention technologies (CAPTs) work closely with SIG states to access and use the DSS.

For more information, you may access the DSS directly at www.preventiondss.org.

Model Substance Abuse Prevention Programs

CSAP's Model Program web site **(www.samhsa.gov/csap/modelprograms)** is for everyone involved in preventing substance abuse and creating positive change in the lives of youth. Applicants may wish to visit this website to:

- access materials on how to implement and evaluate your community's model substance abuse prevention program
- request training and technical assistance from program developers
- link to numerous prevention and funding resources
- check out and order many free publications on all model programs and the latest in science-based substance abuse prevention

The successful model programs featured on this web site can be replicated at the community level--adopted in their entirety or used to guide improvements or expanded services in an existing substance abuse prevention program.

CSAP expects to make available its Guide to Science Based-Practices through the Model Programs

website listed above in early 2001.

CSAP's National Registry of Effective Prevention Programs (NREPP)

The NREPP is a system to catalogue and assess formally evaluated substance abuse & related prevention programs sponsored by Federal agencies, State governments, local communities, foundations, non-profit organizations, and private sector businesses.

Programs nominated for the NREPP may be innovative interventions, replications of interventions (Including cultural or local adaptations of existing programs) or programmatic research (multiple studies) in a specific area which has evolved over time and is submitted for overall consideration, rather than as a single intervention trial. Programs that are determined to have been well-implemented, thoroughly evaluated; and produced consistently positive and replicable results may become **Model Programs**. In order to become models, programs must also be disseminable (i.e. have well developed program materials and/or training programs).

Programs become part of the NREPP by submitting journal article(s); and/or final project outcome evaluation reports. Teams of trained evaluators independently rate programs based on 15 dimensions to determine the quality of the program in question. Programs rated as model programs are those that are well-implemented, are rigorously evaluated, and have consistent positive findings (integrity ratings of "4 " or "5 ").

Appendix E
Guidance for Selecting SIG Subrecipients

States should select an appropriate funding mechanism to solicit applications from potential community subrecipients. These community subrecipients may include: local government entities, community coalitions, school districts, prevention provider organizations, tribal governments, and community-based organizations. Potential subrecipients should submit an application for funding with information from a needs and resources assessment of the defined "community" that 1) identifies gaps and overlaps in services; 2) describes current or past organizational development activities and 3) summarizes results of previous substance abuse prevention initiatives.

The application should describe the type of comprehensive planning and capacity building needed to facilitate delivery of science-based prevention programs and services. Actual prevention interventions or programs need not be designated or selected in this early phase. Rather, subrecipients must demonstrate a commitment to the research-based planning process and willingness to work with State and CSAP officials, to select appropriate prevention interventions, and meet evaluation requirements.

I. Screening Criteria for Review and Funding of Subrecipient Applications

Below are several screening criteria for SIG States to include as requirements in their solicitations for subrecipient (local community entities) applications.

A. **Definition of Community or Geographic Area Targeted Served**

Subrecipient applicants must provide a clear definition and description of the"community" to be served by the project (e.g., a defined geographic area such as a neighborhood or a municipality or a "community of interest" with specific boundaries, such as a "Latino community"). The sub-recipient (whether a specific community-based organization (CBO) or a CBO applying on behalf of a coalition) must also address the screening criteria listed.

B. **Needs and Resource Assessment**

Subrecipient applicants should include a needs assessment for the defined "community" which includes, at a minimum, substance use and abuse incidence and prevalence data and identification of major risk and protective factors to be addressed. Also a resource assessment describing existing strengths and assets (including organizations and their programs) in the community which address the needs or have the potential to do so. Effective interventions currently being employed should be discussed if there are specific evaluation data to substantiate this fact. The needs assessment should also include a description of how the project has included culturally diverse viewpoints in this process and the availability of culturally competent prevention services for the target population throughout the State.

C. **Organizational Capacity of Subrecipients**

Subrecipient applicants should submit evidence of being well established with a recent history of demonstrated accomplishments in similar undertakings. Moreover, it should provide evidence of organizational structure, resources and management procedures sufficient to implement the proposed project and provide project accountability. If the subrecipient applicant is a coalition, then there should be evidence of "partner agreements" and participation of a broad base of organizations from multiple community sectors.

D. Project Goals and Objectives

Subrecipient applicants should provide project objectives (along with goals and activities) expressed in measurable terms and anchored to a specific timeframe (e.g., what specific magnitude of change is expected to occur from the project prevention interventions, and when).

E. Management/Staffing Plan

Subrecipient applicants should submit a management time line that specifies target dates for prevention implementation benchmarks and assigns organizational and/or staff responsibility for each benchmark; a staffing plan that describes project staff, qualifications, responsibilities, time devoted to project, and other relevant factors. In addition, describe how the staff composition reflects the racial/ethnic characteristics and language needs of the target population.

F. Budget

Subrecipient applicants should submit a detailed and clear budget (to include line item detail and budget narrative information) with an appropriate justification of items and which can be easily used for project accountability.

II. Guidance for Identifying and Selecting Science-Based Subrecipient Prevention Programs

Following the award of subrecipient contracts or funding mechanisms, SIG States will work with CSAP project officers, the CAPTs and subrecipient communities to identify and select appropriate science-based prevention programs. The topics discussed below are provided to guide States in carrying out this follow-on phase; they are not required to be addressed in the SIG application. (Please refer to CSAP's Guide to Science-Based Practices for details on model programs that is contained in the kit accompanying this grant announcement.)

A. Conceptual ("Logic") Model

Subrecipient applicants should submit a conceptual diagram, either graphic or narrative, that shows the causal links among a set of elements that define a prevention intervention. These elements are: 1) identified risk and protective factors, 2) prevention intervention designed to modify those factors, 3) short term program outcomes, 4) intermediate program outcomes and 5) population impacts. These links must be based on a theoretical framework that provides a rationale and justification for the connections made among the elements. The logic model depicts the changes expected to occur within the target population/defined community resulting from the intervention and how the interventions/ components/activities are expected to effect change.

B. Prevention Program Components and Strategies

States and their subrecipients should identify and describe the specific prevention program components/strategy/activities to be implemented to bring about objectives, related to specific target populations and their settings; the description should address both the duration and intensity of these components and how the project will ensure cultural inclusion in its process and products.

C. Classification of Types or Degrees of Rigor in Research-based Prevention Efforts (using Types 1-5 in CSAP's Guide to Science-based Practices)

CSAP's Guide to Science-based Practices should be used as reference material to guide prospective subrecipients in choosing appropriate prevention interventions. Subrecipient applicants may also choose additional prevention interventions and/or principles, as long as criteria for determining scientific rigor are applied.

1. Funding for Type 3, 4 and 5 Interventions

A minimum of 50 percent of all State subrecipient funds (50 percent of the 85 percent monies) must be committed to fund prevention interventions at the more rigorous levels (Types 3, 4, and 5) as defined in CSAP's Guide to Science-based Practices. The State's Governor must ensure program level process and outcome evaluation on a state-wide basis, including conducting an adequate sampling plan for at least three domains (i.e., individual, peers, family, school, community, workplace, society).

2. Funding for Type 1 and 2 Interventions

A maximum of 50 percent of all State subrecipient funds (50 percent of the 85 percent monies) can be used to fund prevention interventions at Types 1 and 2 as defined in CSAP's Guide to Science-based Practices. Additionally, appropriate evaluation designs should be conducted for all Types 1 and 2 interventions with the goal of moving these interventions into more rigorous levels (Types 3, 4, and 5) within three years.

D. Matrix of Programs Rated as Scientifically Rigorous

The data matrix in CSAP's Guide to Science-based Practices, can be used as guidance for potential subrecipients with the inclusion of the paragraph entitled "Using the information in the data matrix." This data matrix integrates domains (of risk and protective factors), targeted age groups, and the Institute of Medicine (IOM) Preventive Interventions Framework: universal, selective or indicated, prevention programs that are "science-based" (e.g. above Type 3) in CSAP's Guide to Science-based Practices.

E. Identifying and Defining Common Core Process and Outcome Constructs, Indicators, Measures/variables and Instruments

The SIGs Program requires that both States and subrecipients participate in collecting, analyzing, and disseminating process, outcome and other related evaluation data. Potential subrecipients are encouraged to use CSAP's core measures in their program level evaluations. A summary of the core measures is provided in the kit accompanying this solicitation. The core measures expert system may be accessed through CSAP's DSS website (www.preventiondss.org) under "Getting to Outcomes."

Appendix F
Information on the National Household Survey on Drug Abuse

In Table 1, below, we provide a list of six variables that are measured by the NHSDA as well as other state and national surveys. Please select one or more of these variables to target as a state level outcome to be achieved within the 3-year period covered by your SIG project. The targets shown below are taken from ONDCP's Performance Measures of Effectiveness and are usually related to a 1998 NHSDA national baseline. They are provided for context only. Once state applicants have identified the variables to be used for their statewide outcomes, they must develop their baselines using 1999 NHSDA state estimates for those variables (refer to Table 2, next page)*.

In Table 2 on the following page, we list the percentages of 12- to 17-year old youth engaging in past month substance use for each of the states that currently do not have a SIG grant. These data are taken from the *Summary of Findings from the 1999 National Household Survey on Drug Abuse*. Please refer to this table to pinpoint state-level data pertaining to Variables 2, 4, 5 and 6 to guide the development of your state's baselines and targeted outcomes.

Table 1: Youth Substance Use--Targeted Behaviors and National Targets

Variable	ONDCP National Targets (NHSDA data source)
1. Perception of risk*	increase to 80% (2007)
2. Past 30 day use of illicit drugs	reduce by 50% (2007)
3. Age of first use*	increase by 36 months (2007)
4. Past 30 day use of marijuana	reduce to 6.2% (2002)
5. Past 30 day alcohol binge drinking	reduce by 50% (2007)
6. Past 30 day use of tobacco	reduce by 55% (2007)

* Note: Presently, state by state data for Variable 1 (perception of risk) and variable 3 (age of first use) are not yet available from the 1999 NHSDA. These estimates are expected to be released in Spring, 2001. If you are targeting these variables, once the data are available, you can locate them on the web through the Office of Applied Studies (OAS) link under the SAMHSA website (http:// www.samhsa.gov)

Table 2: State-by-State Data for Youth Past Month Substance Use

Percent of 12 to 17 Year-Olds Engaging in Various Types of Substance Use in the Past Month for Each Non-SIG State				
STATE	ANY ILLICIT DRUG	MARIJUANA	TOBACCO	BINGE ALCOHOL
ALABAMA	9.3	5.6	17.3	9.4
ARKANSAS	10.5	7.6	20.2	12.3
CALIFORNIA	11.9	8.4	9	10.5
CONNECTICUT	13.4	9.3	16	13.1
GEORGIA	9.8	6.6	14.5	8.9
IDAHO	8.8	6.3	13.1	9.9
IOWA	8.9	5.5	18.2	13.3
MAINE	12.5	8	16.7	11.5
MISSISSIPPI	11.6	7.4	18.8	11.1
MISSOURI	9.7	7.4	16.7	10.3
NEBRASKA	9.1	6.8	14.1	12.1
NEVADA	16	12.3	17.4	15.1
NEW JERSEY	11.6	8.2	11.9	11.1
NORTH DAKOTA	11.8	8	22.4	17.2
OHIO	10.5	7.6	18.1	10.4
PENNSYLVANIA	9.9	7.3	17.5	10.9
RHODE ISLAND	15.5	11.7	14.8	12.4
SOUTH DAKOTA	11	7.2	18.9	16.5
TENNESSEE	9	5.8	17.2	8.3
TEXAS	10.4	6.1	13.4	11.3
VERMONT	12.5	8.8	14.7	11.2
WEST VIRGINIA	11.9	7.1	22.5	10.8
WYOMING	10.9	8	15.9	16.5

Source: Office of Applied Studies (2000), SAMHSA. Rockville, MD.
Summary of Findings from the 1999 National Household Survey on Drug Abuse.